

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030398

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 32Primary Registration District No. 4134Registrar's No. 134

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Smithville

Length of stay in 1b

5 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Smithville

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

8200 No. Flagor Rd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

George

Washington

Turner

4. DATE

OF
DEATH

Month

Day

Year

August 12, 1962

5. SEX

Ma

6. COLOR OR RACE

Wh

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8-25-01

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Bldg Const.

11. BIRTHPLACE (City and state or country)

Hot Springs, Ark.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Oscar Turner

13b. MOTHER'S MAIDEN NAME

Lula Yarbrough

14. NAME OF HUSBAND OR WIFE

Ruth Ellen Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Ruth Turner K. C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

INTERVAL BETWEEN

ONSET AND DEATH

5 da

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

PART III. If deceased was female was

there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

I attended the deceased from Aug 8, 1962, to Aug 12/62 and last saw him alive on Aug 12/62

Death occurred at 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL

REMOVAL (Specify)

Burial

23b. DATE

8-14-62

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Cemetery Gladstone, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

McComas Funeral Home Smithville, Mo. 8-14-62 Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AUG 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald W. Hawks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.